

New Beneficiary Information



BENEFICIARY HOUSEHOLD INFORMATION

BENEFICIARY NAME:	_____	City:	_____
Address:	_____	State:	_____
Mailing Address (if different):	_____	Zip:	_____
Social Security #:	_____	Telephone:	_____
Age:	_____	D.O.B.:	_____
No. in Household:	_____	Race:	_____
		Hispanic:	Yes No
SOCIAL SECURITY IDENTIFICATION QUESTIONS: Mother's maiden name		_____	
		Your city of birth _____	
Do you have a LEGAL GUARDIAN?	Yes No		
Household Members (please list)	Age	Relationship	
_____	_____	_____	
_____	_____	_____	
EMERGENCY CONTACT #1	_____	PHONE	_____
EMERGENCY CONTACT #2	_____	PHONE	_____

LANDLORD & UTILITY INFORMATION

LANDLORD NAME/COMPANY?	_____	PHONE:	_____
ADDRESS:	_____	RENT AMT?	_____
CITY/STATE/ZIP:	_____	RENEWAL DATE?	_____
Are you related to LANDLORD?	___ YES ___ NO		
Do you pay utilities at your residence?	___ YES ___ NO		
AMEREN ACCOUNT NUMBER	_____	BALANCE:	_____
SPIRE ACCOUNT NUMBER	_____	BALANCE:	_____
UTILITY NAME & ACCOUNT NUMBER	_____	BALANCE:	_____
UTILITY NAME & ACCOUNT NUMBER	_____	BALANCE:	_____

ASSET INFORMATION

Do you have a CHECKING ACCOUNT?	___ YES ___ NO	BANK NAME	_____
Do you have a SAVINGS ACCOUNT?	___ YES ___ NO	BANK NAME	_____
Do you own a CAR?	___ YES ___ NO	YEAR/MAKE/MODEL?	_____
CAR PAYMENT AMOUNT?	_____	CAR FINANCE COMPANY?	_____
Name of your CAR INSURANCE COMPANY & ACCOUNT NUMBER _____			
Do you have a LIFE INSURANCE POLICY?	___ YES ___ NO	LIFE INSURANCE COMPANY?	_____
Do you have a PREPAID BURIAL PLAN?	___ YES ___ NO	PREPAID BURIAL COMPANY?	_____
Do you own any of the following? If YES, give details? _____			
___ Stocks	_____		
___ Bonds	_____		
___ Royalties	_____		
___ Land or Property	_____		

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INCOME INFORMATION			
Do you have any of the following types of income?			
SSI? _____ YES _____ NO	AMOUNT? _____	SSDI/SSA? _____ YES _____ NO	AMOUNT? _____
Employment Income? _____ YES _____ NO	Employer Name _____	Hourly Rate _____	How often are you paid? _____
TANF Income? Amount? _____	Food Stamps? Amount? _____		
VA Income? Amount? _____	Other Income? Amount? _____		
Does anyone else in your household have INCOME? _____ YES _____ NO			

CASE MANAGEMENT SERVICES	
Name of CASE MANAGEMENT AGENCY?	_____
Name of CASE MANAGEMENT TEAM?	_____
Name of COMMUNITY SUPPORT WORKER?	_____
CONTACT/CELL NUMBER? _____	OFFICE NUMBER? _____

BENEFICIARY ACKNOWLEDGEMENT	
<p><u>My signature</u> below is an acknowledgement that I will be CLEAN AND SOBER when I come to the agency to conduct business, treat staff with courtesy and respect, come to conduct business only on days/hours that have been set up, sign for any checks that I come to pick up and contact the agency in the event my contact information changes (address or phone). In the event of an emergency, I understand that I must call to set up a time to come into the office. I understand that if I fail to comply with the above guidelines, my participation in the program can be terminated. Your signature is also an agreement that ALL OTHER SERVICES (food commodities, household/clothing items or financial assistance) received from AIM Inc is an agreement that the information you provide is accurate; food, household or clothing items will not be resold or returned to any store; and your acknowledgement that noncompliance with this policy could result in denial of future benefits from AIM Inc.</p>	
Beneficiary PRINTED NAME _____	DATE _____
Beneficiary SIGNATURE _____	

AIM INC (REPRESENTATIVE PAYEE) ACKNOWLEDGEMENT	
<p>The staff and volunteers of Agape In Motion Inc will treat you respectfully, be available on scheduled days and hours to meet with you, use your monthly benefits to meet your current needs for housing, report to the SSA any events that may affect your eligibility for payments, account to the SSA how monies are spent or saved, save any unspent funds in a way that clearly indicates the ownership of the funds, and will return to the SSA any funds that have been saved for you or to which AIM is not entitled.</p>	
AIM INC STAFF SIGNATURE _____	DATE _____

<u>NOTES:</u>	_____

